FEC FORM 1

STATEMENT OF ORGANIZATION

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		(See instructions)					Office use only								
1. NAME O COMMIT		n full)		(Check if name is changed)		mple: If typying, t	ype	12FE	1M5	1 1					
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ADDRESS (nu	ımber ar	d street)	Cityp	lace One								ш			
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is chang	ged)		St. Lo	ouis 	ш				LMO L			63141			
					CITY▲	ı		STATE		ZI	P CODE	•			
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)															
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2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y															
3. FEC IDENTIFICATION NUMBER						167668									
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)															
I certify that I ha	ave exa	mined this S	Statement and	to the best of my	knowledge ar	nd belief it is true, o	correct and	d complete							
Type or Print I	Vame (of Treasure	er D	eck S. Slone											
Signature of T	reasur	er El <u>ec</u>	tronically Filed	by Deck S	. Slone		_	Date	M M	09) Y	ž 0	1 0		
NOTE: Submis	sion of	false, erron				he person signing				s of 2 U.S.	C. §437(g.			
Off Us Or	se					For further infor Federal Election Toll Free 800-42 Local 202-694-1	Commiss 4-9530				FORI				